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Bib Data Sheet

CONFIRMATION NO. 6785

SERIAL NUMBER 10/753,673	FILING DATE 01/07/2004 RULE	CLASS 257	GROUP ART UNIT 2826	ATTORNEY DOCKET NO. M-15281 US
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APPLICANTS

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** CONTINUING DATA *****

none *HP* (2/22/5)

** FOREIGN APPLICATIONS *****

none *HP* (2/22/5)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 04/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

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TITLE

Source/drain adjust implant

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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